

Case Number:	CM15-0122728		
Date Assigned:	07/07/2015	Date of Injury:	03/26/2013
Decision Date:	08/10/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41-year-old male sustained an industrial injury to bilateral knees on 3/26/13. Previous treatment included left knee arthroscopy times two, right knee arthroscopy, physical therapy, steroid injection and medications. In a pain management PR-2 dated 12/8/14, the injured worker complained of bilateral knee pain rated 4-6/10 on the visual analog scale. The injured worker reported that a recent steroid injection had not been particularly helpful. The injured worker's current medications included Norco and Lidoderm patch. In a pain management PR-2 dated 2/5/15, the injured worker rated his bilateral knee pain 6/10. Current medications included Ibuprofen, Norco and Lidoderm patch. In a pain management PR-2 dated 4/30/15, the injured worker complained of bilateral knee pain, rated 5/10 on the visual analog scale. The injured worker reported that he tried to participate in activities of daily living within his limits. Physical exam was remarkable for tenderness to palpation to bilateral knees with grossly normal motor strength and difficulty with range of motion. The injured worker ambulated without the use of assistive devices. Current diagnoses included knee degenerative joint disease, arthritis. The treatment plan included refilling pain medications (Ibuprofen, Lidoderm patch and Norco) and returning to the clinic in two months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ibuprofen 600 mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Pain Outcomes and Endpoints Page(s): 22, 8.

Decision rationale: Based on the 04/30/15 progress report provided by treating physician, the patient presents with bilateral knee pain rated 5/10. The patient is status post left knee arthroscopy times two, right knee arthroscopy, dates not specified. The request is for IBUPROFEN 600 MG #60 WITH 1 REFILL. RFA with the request not provided. Patient's diagnosis on 04/30/15 included knee lower leg degenerative joint disease arthritis. Physical examination to the bilateral knees on 04/30/15 revealed tenderness to palpation and difficult range of motion. Treatment to date has included imaging studies, surgeries, physical therapy, steroid injections and medications. Patient's medications include Ibuprofen, Norco and Lidoderm patches. The patient is not working, per 04/09/15 report, and is temporarily partially disabled, per 12/03/14 report. Treatment reports were provided from 12/03/14 - 5/14/15. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Ibuprofen has been included in patient's medications, per progress reports dated 12/03/14, 03/04/15, and 04/30/15. It is not known when Ibuprofen was initiated. Per 01/06/15 report, treater states "I am refilling the medications as I see no evidence of abuse, diversion, hoarding, or impairment. The medications continue to reduce his pain to a more tolerable level and allow him to be independent in his ADLs." Given patient's continued pain and documentation of functional improvement, the request for Ibuprofen appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Lidoderm 5% (700 mcg/patch) transdermal patch #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

Decision rationale: Based on the 04/30/15 progress report provided by treating physician, the patient presents with bilateral knee pain rated 5/10. The patient is status post left knee arthroscopy times two, right knee arthroscopy, dates not specified. The request is for LIDODERM 5% (700 MCG/PATCH) TRANSDERMAL PATCH #60 WITH 1 REFILL. RFA with the request not provided. Patient's diagnosis on 04/30/15 included knee lower leg degenerative joint disease arthritis. Physical examination to the bilateral knees on 04/30/15 revealed tenderness to palpation and difficult range of motion. Treatment to date has included imaging studies, surgeries, physical therapy, steroid injections and medications. Patient's medications include Ibuprofen, Norco and Lidoderm patches. The patient is not working, per 04/09/15 report, and is temporarily partially disabled, per 12/03/14 report. Treatment reports were provided from 12/03/14 - 5/14/15. MTUS guidelines page 57

states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. A Trial of patch treatment is recommended for a short-term period (no more than four weeks). This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Lidoderm patch has been included in patient's medications, per progress reports dated 12/03/14, 03/04/15, and 04/30/15. It is not known when Lidoderm patch was initiated. Per 01/06/15 report, treater states "the patient continues with his current therapeutic medications which include Hydrocodone and Lidoderm patches. The medications partially effective and they do provide him with some preservation of activities of daily living. However, he is not at the point where he is able to return to work." Treater also states "I am refilling the medications as I see no evidence of abuse, diversion, hoarding, or impairment. The medications continue to reduce his pain to a more tolerable level and allow him to be independent in his ADLs. The patient presents with knee pain for which Lidoderm patch is indicated. Given patient's continued pain and documentation of functional improvement, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Norco 10/325 mg #240 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78, 90.

Decision rationale: Based on the 04/30/15 progress report provided by treating physician, the patient presents with bilateral knee pain rated 5/10. The patient is status post left knee arthroscopy times two, right knee arthroscopy, dates not specified. The request is for NORCO 10/325 MG #240 WITH 1 REFILL. RFA with the request not provided. Patient's diagnosis on 04/30/15 included knee lower leg degenerative joint disease arthritis. Physical examination to the bilateral knees on 04/30/15 revealed tenderness to palpation and difficult range of motion. Treatment to date has included imaging studies, surgeries, physical therapy, steroid injections and medications. Patient's medications include Ibuprofen, Norco and Lidoderm patches. The patient is not working, per 04/09/15 report, and is temporarily partially disabled, per 12/03/14 report. Treatment reports were provided from 12/03/14 - 5/14/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of

60mg/24hrs."Norco has been included in patient's medications, per progress reports dated 12/03/14, 03/04/15, and 04/30/15. It is not known when Norco was initiated. Per 01/06/15 report, treater states "the patient continues with his current therapeutic medications which include hydrocodone and Lidoderm patches. The medications partially effective and they do provide him with some preservation of activities of daily living. However, he is not at the point where he is able to return to work." Treater also states "I am refilling the medications as I see no evidence of abuse, diversion, hoarding, or impairment. The medications continue to reduce his pain to a more tolerable level and allow him to be independent in his ADLs. Treater states in progress report dated 04/09/15 "We monitor the 4A's for ongoing monitoring: Analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. We make every effort to assess the pain at every visit, and functioning is measured at 6-month intervals. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening." Urine drug screen dated 04/02/15 revealed results consistent with patient's prescriptions. In this case, treater has provided general statements without discussing how Norco reduces pain and significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." In addressing the 4A's, treater has discussed aberrant behavior and adverse effects, but there are no discussions on analgesia, specific ADL's, etc. There are no pain scales or validated instruments addressing before and after analgesia. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Furthermore, the requested dosage for #240 with 1 refill is excessive. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.